

ATTACHMENT 2 - CHECKLIST FOR REQUIRED AGENCY DOCUMENTS
FY 2014 Comprehensive Behavioral Health Treatment & Recovery Solicitation

NAME OF APPLICANT AGENCY: _____

APPLICANT MUST MEET ALL ELIGIBILITY REQUIREMENTS BELOW

- ☐ Meet the eligibility requirements of RFP Section 2.01 and 3.01.

REQUIRED AGENCY DOCUMENTS THAT MUST BE SUBMITTED – where required the document must be signed and dated by a person authorized to sign on behalf of the agency.

- ☐ Appendix A - Grant Application - (completed, including other agency grant funding information on page 2)
- ☐ Appendix B - DHSS Assurances
- ☐ Appendix C - Budget Detail & Narrative - (Complete Summary Budget for all projects within Agency)
- ☐ Appendix E1 - Federal Assurances & Certification
- ☐ Appendices F1, F2, & F3 - FFATA forms
- ☐ Appendix G – Resolution for a Waiver of Sovereign Immunity – (as applicable)
- ☐ Agency Narrative (5 pages or less)
- ☐ Agency Organizational Chart
- ☐ Board Members Information
- ☐ Agency Logic Model (encompassing all Projects)
- ☐ Agency Logic Model Evaluation (encompassing all Projects)
- ☐ Agency Community Action Plan
- ☐ Agency Community Behavioral Health Continuum
- ☐ Resumes/Job Desc of Exec & Admin Staff (See Section 2.02)
- ☐ Board Approved Agency Grievance Procedures
- ☐ Board Approved Sliding Fee Scale Policy & Procedures
- ☐ Copy of Agency's Most Recent Financial Audit
- ☐ Attachment 11 - ADOC SA Trmt Referrals Agency Application (as applicable)

Applicant acknowledges they have submitted a complete application in response to the FY14 CBHTR RFP, and understands neither Grants & Contracts nor the Division of Behavioral Health can edit, change, add or subtract documents to the application submitted by the applicant.

SIGNATURE _____ TITLE _____ DATE _____